

CORRECTED

FINANCIAL STATUS REPORT

(Short Form)

(Follow instructions on the back)

1. Federal Agency and Organizational Element to Which Report is Submitted Denali Commission		2. Federal Grant or Other Identifying Number Assigned By Federal Agency 0128-DC-2004-I15		OMB Approval No. 0348-0038		Page of 1 1 pages	
3. Recipient Organization (Name and complete address, including ZIP code) City of Skagway P.O. Box 415, Skagway, AK 99840							
4. Employer Identification Number 92-6000088		5. Recipient Account Number or Identifying Number		6. Final Report <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Basis <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual	
8. Funding/Grant Period (See instructions) From: (Month, Day, Year) 10/31/2004		To: (Month, Day, Year) 2/28/2006		9. Period Covered by this Report From: (Month, Day, Year) 10/31/2005		To: (Month, Day, Year) 12/31/2005	
10. Transactions:				I Previously Reported	II This Period	III Cumulative	
a. Total outlays				31,465.00	10,535.00	42,000.00	
b. Recipient share of outlays				0.00	0.00	0.00	
c. Federal share of outlays				31,465.00	10,535.00	42,000.00	
d. Total unliquidated obligations						3,000.00	
e. Recipient share of unliquidated obligations						0.00	
f. Federal share of unliquidated obligations						3,000.00	
g. Total Federal share(Sum of lines c and f)						45,000.00	
h. Total Federal funds authorized for this funding period						45,000.00	
i. Unobligated balance of Federal funds(Line h minus line g)						0.00	
11. Indirect Expense		a. Type of Rate(Place "X" in appropriate box) <input type="checkbox"/> Provisional <input type="checkbox"/> Predetermined <input type="checkbox"/> Final <input type="checkbox"/> Fixed					
		b. Rate none	c. Base none	d. Total Amount		e. Federal Share	
12. Remarks: Attach any explanations deemed necessary or information required by Federal sponsoring agency in compliance with governing legislation. The City of Skagway is not claiming any indirect expenses.							
13. Certification: I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays and unliquidated obligations are for the purposes set forth in the award documents.							
Typed or Printed Name and Title Cindy O'Daniel - City Treasurer				Telephone (Area code, number and extension) 907-983-2297			
Signature of Authorized Certifying Official 				Date Report Submitted February 1, 2006			

ACCEPTED